

**FOURTH ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

FLORIDA WOMEN'S RECEPTION CENTER

for the

Physical and Mental Health Survey
Conducted September 16 - 17, 2016

CMA STAFF

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW

CLINICAL SURVEYORS

Phillip Barkley, MD
Erik Gooch, DO
Mandy Petroski-Moore, LCSW

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Corrective Action Plan (CAP) Assessment of FWRC

I. Overview

On September 16 - 17, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Florida Women's Reception Center (FWRC). The survey report was distributed on October 12, 2015. In addition, as a result of findings considered by the survey team to be very serious and requiring immediate attention by the Department, an emergency notification, in accordance with s. 945.6031 (3), F.S., was transmitted to the Secretary of Corrections on September 22, 2015.

The emergency notification informed the Secretary that serious deficiencies were identified including significant delays in treatment and inmate care. These delays in treatment affected multiple areas of inmate physical and mental health care which included medication administration, follow-up with on-site providers, delays in outside consultations, and clinical review including the timely follow-up of abnormal labs and diagnostic services. Of additional concern was the notable disorganization of medical records. Multiple portions, and in some cases, whole records could not be located. Other records were thinned but not in compliance with Department policies and procedures.

On September 25, 2015, the CMA received a copy of the Department's corrective action plan addressing the emergency findings. The plan outlined detailed strategies to ensure care deficiencies would be immediately identified and addressed. Additionally health care systems and processes would be revised to ensure health care staff were operating in accordance with Department policies.

In November, 2015 FWRC submitted and the CMA approved, the institutional corrective action plan which outlined the efforts to be undertaken to address the findings of the September 2015 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days.

On December 17, 2015 CMA staff made a site visit to FWRC to assess the progress made towards addressing issues identified in the emergency notification. While this was not a formal CAP assessment, CMA staff wanted to ensure the emergency findings were being addressed appropriately. Staff received updates from institutional and regional staff, reviewed monitoring documentation, and reviewed portions of medical records pertinent to the emergency findings. Based on the assessment of monitoring documentation and limited record review, it appeared issues identified were being monitored accurately and progress was being made to ensure correction.

On February 9, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on March 2, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The findings directly related to the emergency notification were identified in the survey report as emergency findings (EF). Other findings were "stand alone" findings and not necessarily major contributing factors to the emergency notification. The CAP closure files revealed sufficient evidence to determine that 26 of 52 physical health findings and 19 of 59 mental

health findings were corrected. One physical health finding was added for in-service training, monitoring, and corrective action.

On May 12, 2016, CMA staff requested access to monitoring documents to assist determining if an on-site or off-site assessment should be conducted. Based on the documents provided, an on-site CAP assessment was conducted on June 28, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 8 of 27 physical health findings and 9 of 40 mental health findings were corrected.

On October 25, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided an on-site assessment was conducted on December 1, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 2 of 19 physical health findings and 9 of 31 mental health findings were corrected.

On February 17, 2017, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site assessment on March 31, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the emergency as well as the "stand alone" findings.

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 9 of the 17 physical health findings were corrected. Eight physical health findings will remain open. Additionally, CF- 4 will be opened for in-service training, monitoring, and corrective action.

Finding	CAP Evaluation Outcome
<u>CARDIOVASCULAR CLINIC</u> PH-7: In 4 of 15 applicable records (17 reviewed), there was no evidence of influenza vaccine or refusal.	PH-7 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-7.

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>PH-12: In 5 of 13 applicable records (14 reviewed), there was no evidence of hepatitis A & B vaccines or refusal.</p>	<p>PH-12 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>A comprehensive review of 10 inmate records revealed the following deficiencies:</p> <p>PH-16: In 3 records, there was no evidence that abnormal labs were reviewed/addressed timely [EF].</p> <p>PH-17: In 1 of 2 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-16 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-16 will remain open.</p> <p>PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-19: In 4 of 12 applicable records (13 reviewed), there was no evidence that abnormal labs were reviewed or addressed timely [EF].</p>	<p>PH-19 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-19 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>PH-25: In 3 of 9 applicable records (15 reviewed), there was no evidence of influenza vaccine or refusal.</p>	<p>PH-25 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-25 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>PH-26: In 1 of 2 records reviewed, there was no evidence of an appropriate examination.</p>	<p>PH-26 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-26.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-28: In 7 outpatient and inpatient records, there was no evidence that all orders were implemented.</p> <p>PH-29: In 6 of 13 applicable outpatient and inpatient records, the nursing discharge note was incomplete or missing.</p> <p>PH-33: In 4 of 9 applicable inpatient records, there was no evidence of weekend or holiday clinician rounds [EF].</p>	<p>PH-28, PH-29, & PH-33 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-28, PH-29, & PH-33.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-38: In 4 of 14 applicable records (17 reviewed), there was no evidence that additional diagnostic, laboratory testing, and/or medical follow-up was completed per the consultant's recommendations [EF].</p>	<p>PH-38 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-38.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>A comprehensive review of 7 records revealed the following deficiencies:</p> <p>PH-41: In 3 records, there was no evidence that the screening included all required elements.</p> <p>PH-42: In 4 of 6 applicable records, there was no evidence that all required diagnostic tests were performed 7-14 days prior to the screening.</p>	<p>PH-41 & PH-42 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-41 & PH-42 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS</u></p> <p>PH-45: In 6 of 6 applicable records (9 reviewed), there was no evidence the clinician reviewed the record within 7 days of arrival.</p>	<p>PH-45 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-45.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICAL INMATE REQUESTS</u></p> <p>PH-48: In 2 of 9 applicable records (16 reviewed), there was no evidence that the interview/appointment/test/etc. occurred as intended [EF].</p>	<p>PH-48 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-48 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ADMINISTRATIVE ISSUES</u></p> <p>PH-51: Medical records were disorganized [EF].</p>	<p>PH-51 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-51.</p>

Finding	CAP Evaluation Outcome
<p><u>ADMINISTRATIVE ISSUES</u></p> <p>CF-1: There was no evidence that diagnostic reports were reviewed in a timely manner.</p>	<p>CF-1 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. CF-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ADMINISTRATIVE ISSUES</u></p> <p>CF-4: The medical follow-up for abnormal findings was inadequate (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p>

Finding	CAP Evaluation Outcome
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion CF-4: *In one record, an abnormal mammogram result was recorded in July 2016 but the inmate was not referred to the breast center until December 2016. In another record, an abnormal mammogram was recorded in October 2016. The inmate was seen by the general surgeon in November 2016 and the recommendation received for a biopsy “ASAP”. The inmate was not referred back for a biopsy until February 2017. In another record, the inmate has been awaiting follow-up for an abnormal pap smear since 8/26/16. In another record, an inmate has been awaiting follow-up for an abnormal pap smear since December 2016, even though the clinician had requested “immediate treatment”. In addition, a review of institutional records demonstrated that the waiting list for inmates awaiting gynecological follow-up after abnormal pap results was exceptionally long. Several inmates have been waiting since September, October, and November 2016.*

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 15 of 24 mental health findings were corrected. Nine mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 10 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-10: In 3 of 6 applicable records, the length of stay for inmates placed in observation cells exceeded 72 hours.</p> <p>MH-11: In 2 of 3 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-12: In 3 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-10, MH-11, & MH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10, MH-11, & MH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>MH-16: In 2 of 2 records reviewed, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed [EF].</p>	<p>MH-16 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-16 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 11 inpatient records revealed the following deficiencies:</p> <p>MH-22: In 3 of 9 applicable records, the physician's admission note was not completed within 24 hours of admission.</p> <p>MH-23: In 2 of 9 applicable records, follow-up lab tests were not ordered and/or completed as required [EF].</p>	<p>MH-22 & MH-23 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-22 & MH-23.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 13 inpatient records revealed the following deficiencies:</p> <p>MH-28: In 6 records, the biopsychosocial assessment (BPSA) was not present in the medical record.</p> <p>MH-30: In 4 of 12 applicable records, the required hours of planned structured therapeutic services were not provided or were not clinically appropriate.</p>	<p>MH-28 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-28.</p> <p>MH-30, MH-33, & MH-34 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of</p>

Finding	CAP Evaluation Outcome
<p>MH-33: In 6 records, vital signs were not documented at the required intervals.</p> <p>MH-34: In 6 records, weight was not recorded weekly as required.</p> <p>MH-36: In 2 of 4 applicable records, an inpatient discharge summary was not completed prior to the inmate's discharge from the CSU.</p>	<p>compliance had not been met. MH-30, MH-33, & MH-34 will remain open.</p> <p>MH-36 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-36.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-38: In 1 of 5 applicable records, follow-up lab tests were not ordered and/or conducted as required [EF].</p> <p>MH-40: In 2 of 5 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p>MH-41: In 1 of 3 applicable records, there was no "Refusal of Health Care Services" (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</p> <p>MH-42: In 13 records, follow-up psychiatric contacts were not conducted at appropriate intervals [EF].</p>	<p>MH-38 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-38 will remain open.</p> <p>MH-40, MH-41, & MH-42 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-40, MH-41, & MH-42.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-49: In 5 of 16 applicable records (20 reviewed), the ISP was not signed by the inmate or a refusal was not documented.</p>	<p>MH-49 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-49.</p>

Finding	CAP Evaluation Outcome
<p><u>RECEPTION PROCESS</u></p> <p>A comprehensive review of 17 inmate records revealed the following deficiencies:</p> <p>MH-52: In 12 of 14 applicable records, there was an interruption of the inmate's psychotropic medication after arrival from the county jail [EF].</p> <p>MH-53: In 15 of 15 applicable records, a psychiatric evaluation was not completed within 10 days of arrival for inmates with a history of inpatient mental health care within the past six months or who have received psychotropic medication in the past 30 days [EF].</p> <p>MH-54: In 1 of 1 applicable record, an inmate with acute symptomatology was not evaluated by psychiatry within 24 hours.</p> <p>MH-55: In 5 of 13 applicable records, inmates awaiting transfer to a permanent institution who remained at the reception center longer than 30 days did not receive limited case management services.</p>	<p>MH-52 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-52 will remain open.</p> <p>MH-53 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-53 will remain open.</p> <p>MH-54 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-54 will remain open.</p> <p>MH-55 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-55.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE</u></p> <p>MH-56: In 1 of 5 applicable records (10 reviewed), a “Summary of Outpatient Mental Health Care” (DC4-661) was not completed within 30 days of EOS.</p>	<p>MH-56 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-56.</p>

Finding	CAP Evaluation Outcome
<p><u>ADMINISTRATIVE ISSUES</u></p> <p>MH-58: Medical records were disorganized [EF].</p>	<p>MH-58 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-58.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT AND OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>CF-2: In 6 of 7 inpatient and outpatient records reviewed, the Abnormal Involuntary Movement Scale (AIMS) was not completed or not completed within the required time frame.</p>	<p>CF-2 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. CF-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT AND OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>CF-3: In 4 of 6 inpatient and outpatient records reviewed, inmates did not receive medications as prescribed and/or there was no refusal indicated in the medical record.</p>	<p>CF-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-3.</p>

IV. Conclusion

Physical Health

The following physical health findings will close: PH-7, PH-17, PH-26, PH-28, PH-29, PH-33, PH-38, PH-45, & PH-51. All other physical health findings will remain open. CF-4 was added for in-service training, monitoring, and corrective action.

Mental Health

The following mental health findings will close: MH-10, MH-11, MH-12, MH-22, MH-23, MH-28, MH-36, MH-40, MH-41, MH-42, MH-49, MH-55, MH-56, MH-58, & CF-3. All other mental health findings will remain open.

Until such time as appropriate corrective actions are undertaken by staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site evaluation.